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EI470080871US

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	EP-7503
First Named Inventor	Dennis J. Malfer
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Filed herewith
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SECONDARY AMINE MANNICH DETERGENTS

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

**Name** Dennis H. Rainear**Address** Ethyl Corporation**Address** 330 South Fourth Street

<b>City</b> Richmond	<b>State</b> VA	<b>ZIP</b> 23219
----------------------	-----------------	------------------

<b>Country</b> USA	<b>Telephone</b> 804-788-5516	<b>Fax</b> 804-788-5519
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

<b>Given Name</b> Dennis J. <b>(first and middle [if any])</b>	<b>Family Name</b> Malfer <b>or Surname</b>
---	--

<b>Inventor's Signature</b> 	<b>Date</b> 2/2/01
---	--------------------

<b>Residence: City</b> Glen Allen	<b>State</b> VA	<b>Country</b> USA	<b>Citizenship</b> US
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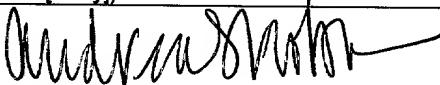
**Mailing Address** 5917 Maybrook Drive

**Mailing Address** 5917 Maybrook Drive

<b>City</b> Richmond	<b>State</b> VA	<b>ZIP</b> 23259	<b>Country</b> USA
----------------------	-----------------	------------------	--------------------

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

<b>Given Name</b> Andrea T. <b>(first and middle [if any])</b>	<b>Family Name</b> Noble <b>or Surname</b>
---	---

<b>Inventor's Signature</b> 	<b>Date</b> 2-2-01
---	--------------------

<b>Residence: City</b> Midlothian	<b>State</b> VA	<b>Country</b> USA	<b>Citizenship</b> US
-----------------------------------	-----------------	--------------------	-----------------------

**Mailing Address** 2430 Sandy Brook Lane

**Mailing Address** 2430 Sandy Brook Lane

<b>City</b> Midlothian	<b>State</b> VA	<b>ZIP</b> 23112	<b>Country</b> USA
------------------------	-----------------	------------------	--------------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →  +

EP7503

PTO/SB/02A (11-00)

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
William J.		Colucci			
<b>Inventor's Signature</b>	<i>W. Colucci</i>			Date <u>2/2/01</u>	
Residence: City	Glen Allen	State	VA	Country	USA
Mailing Address	4501 Argonne Court				
Mailing Address	4501 Argonne Court				
City	Glen Allen	State	VA	ZIP	23060
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Roger M.		Sheets			
<b>Inventor's Signature</b>	<i>Roger M. Sheets</i>			Date <u>2/2/01</u>	
Residence: City	Glen Allen	State	VA	Country	USA
Mailing Address	10905 Tray Way				
Mailing Address	10905 Tray Way				
City	Glen Allen	State	VA	ZIP	23060
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
<b>Inventor's Signature</b>				Date	
Residence: City	State	Country		Citizenship	
Mailing Address					
Mailing Address					
City	State	ZIP	Country		

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not yet assigned
Filing Date	Filed herewith
First Named Inventor	Dennis J. Malfer
Group Art Unit	
Examiner Name	
Attorney Docket Number	EP-7503

I hereby appoint:

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Dennis H. Rainear	32,486
Thomas Hamilton	40,464
James T. Moore	35,619

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City	Richmond	State	VA
Country	USA		
Telephone	804-788-5000	Fax	804-788-5519

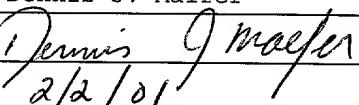
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Dennis J. Malfer
Signature	
Date	2/2/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 4 forms are submitted.

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### SIGNATURE of Applicant or Assignee of Record

Name	Andrea T. Noble
Signature	
Date	2-2-01

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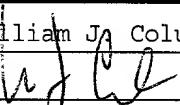
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### SIGNATURE of Applicant or Assignee of Record

Name	William J. Colucci
Signature	
Date	Feb. 2, 2001

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Examiner Name	
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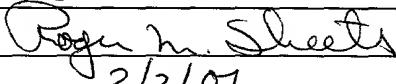
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### SIGNATURE of Applicant or Assignee of Record

Name	Roger M. Sheets	
Signature		
Date	2/2/07	

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